

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211  
(803) 896-5191

CLASS C - TAXI 2006-132-T DATE 5-2, 2006

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

ROSE MARY Alexander

2. (a) Street Address of Applicant 2010 Forest Ave

N. Charleston, SC 29405

- (b) Mailing address, if different from street address

No

- (c) Telephone Number 843-303-3445 SS No.

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3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

**RECEIVED**

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

MAY 04 2006  
PSC SC  
DOCKETING DEPT.

*[Signature]*

7. Applicant is financially able to furnish the services as specified in this Application, and submits the following statement of assets and liabilities.

**ASSETS:**

Cash	<u>1,000.-</u>
Real Estates and Buildings	<u>-</u>
Accounts and Notes Receivable	<u>-</u>
Power Equipment (Net of Depreciation)	<u>4500.-</u>
Garage & Office Equipment (Net of Depreciation)	<u>-</u>
Other Assets	<u>15,000.-</u>
<b>TOTAL ASSETS</b>	<b>\$ <u>20,500.-</u></b>

**LIABILITIES:**

Accounts and Notes Payable	<u>220.-</u>
Rents and Leases payable	<u>650.-</u>
Mortgages Payable	<u>-0-</u>
Debt on Power Equipment	<u>-0-</u>
Other Liabilities	<u>100.-</u>
<b>TOTAL LIABILITIES</b>	<b>\$ <u>970.-</u></b>
<b>NET WORTH</b>	<b>\$ <u>19,530.-</u></b>

10. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA, ]  
COUNTY OF \_\_\_\_\_ ]

I, Rose Mary Alexander, Applicant  
(Name of Applicant's Representative) (Title)

of \_\_\_\_\_, the Applicant for the Certificate of Public  
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

**SWORN TO BEFORE ME**

At Charleston

This the 2nd day of May 2006

Robert A. White  
(Notary Public)

Rose Alexander  
(Signature of Applicant's Representative)

Commission Expires: 4/9/2011

EXHIBIT C

CLASS C

TAXI X

CHARTER \_\_\_\_\_

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Rose Mary Alexander

For the transportation of passengers as follows:

Area to be served: Greater Charleston Area

Charleston County

Number of passengers: 5

Fares: 5.00 Local 8.00 over the Bridge

CERTIFIED CORRECT

Date 5/2/2006

x Rose Alexander  
By

Owner

Title

## EXHIBIT D

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier or tonnage if freight carrier.

x Base Alexander  
(Applicant)

Date: 5/02/2006

(Applicant's Representative)

Owner  
(Title)

## INSURANCE QUOTE

The following insurance quote is for:

Mary Rose Alexander

(Name of Motor Carrier)

2010 Forest Ave N. Charleston, SC 29405

(Address of Motor Carrier)

### Amount of Premium:

Liability Insurance \$ 6,311.00

Cargo Insurance                     

The above quoted premiums are for a term of 12 months.

Gateway Insurance Co.

(Insurance Company Name)

P.O. Box 20038 ST LOUIS MO 63144

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

5/2/2006  
Date

R. A. Nuss

(Authorized Insurance Company Representative)